

UNITED STATES DISTRICT COURT
for the
District of Rhode Island

U.S. BANK NATIONAL ASSOCIATION AS LEGAL
TITLE TRUSTEE FOR TRUMAN 2016 SC6 TITLE
TRUST

Plaintiff(s)

v.

ROBERT TED BROWN,
Defendants, and

MORTGAGE ELECTRONIC REGISTRATION
SYSTEMS, INC. et al

Defendant(s)

Civil Action No. 21cv198

SUMMONS IN A CIVIL ACTION

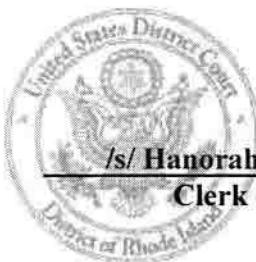
To: *(Defendant's name and address)* United States of America, United States Department of Justice, Tax Division, Civil Trial Section, Northern Region, P.O. Box 55, Ben Franklin Station, Washington, DC 20044

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Thomas J. Walsh Esq., Harmon Law Offices, P.C., 150 California Street, Newton, MA 02458

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: May 04, 2021



/s/ Hanorah Tver-Witek
Clerk of Court

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

TAX DIV. CIVIL TRIAL SECTION

This summons for *(name of individual and title, if any)*
was received by me on *(date)*

8/5/2021

*U.S. IRS U.S. DEPT OF JUSTICE
P.O. BOX 55 BEN FRANKLIN STATION
WASHINGTON, DC*

I personally served the summons on the individual at *(place)*

on (date) _____ ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on (date) _____ , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)*

, who is

designated by law to accept service of process on behalf of (name of organization)

on (date) _____ ; or

I returned the summons unexecuted because

; or

Other *(specify)* *MAILED CERTIFIED AND FIRST CLASS MAIL TO:*

*U.S. IRS U.S. DEPT OF JUSTICE
TAX DIV. CIVIL TRIAL SECTION
P.O. BOX 55 BEN FRANKLIN STATION
WASHINGTON, D.C. 20044*

CERTIFIED MAIL

To 20 1290 0000 2534 4753

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ *0.00*.

I declare under penalty of perjury that this information is true.

Date: *8-6-2021*



R.I. CONSTABLE # 6063

PAUL G. HUGHES

Printed name and title

*HUNTER'S LEGAL SUPPORT
175 FAIRFIELD AVE
CANTON, RI 02921*

Server's address

Additional information regarding attempted service, etc:

UNITED STATES INTERNAL REVENUE SERVICE Page 1 of 2
UNITED STATES DEPARTMENT OF JUSTICE
TAX DIVISION, CIVIL TRIAL SECTION
NORTHERN REGION
P. O. BOX 55 BEN FRANKLIN STATION
WASHINGTON, DC 20044

1:21-CV-00198

U.S. BANK NATIONAL ASOCIATION, AS LEGAL TITLE TRUSTEE FOR TRUMAN 2016-SC6 TITLE TRUST

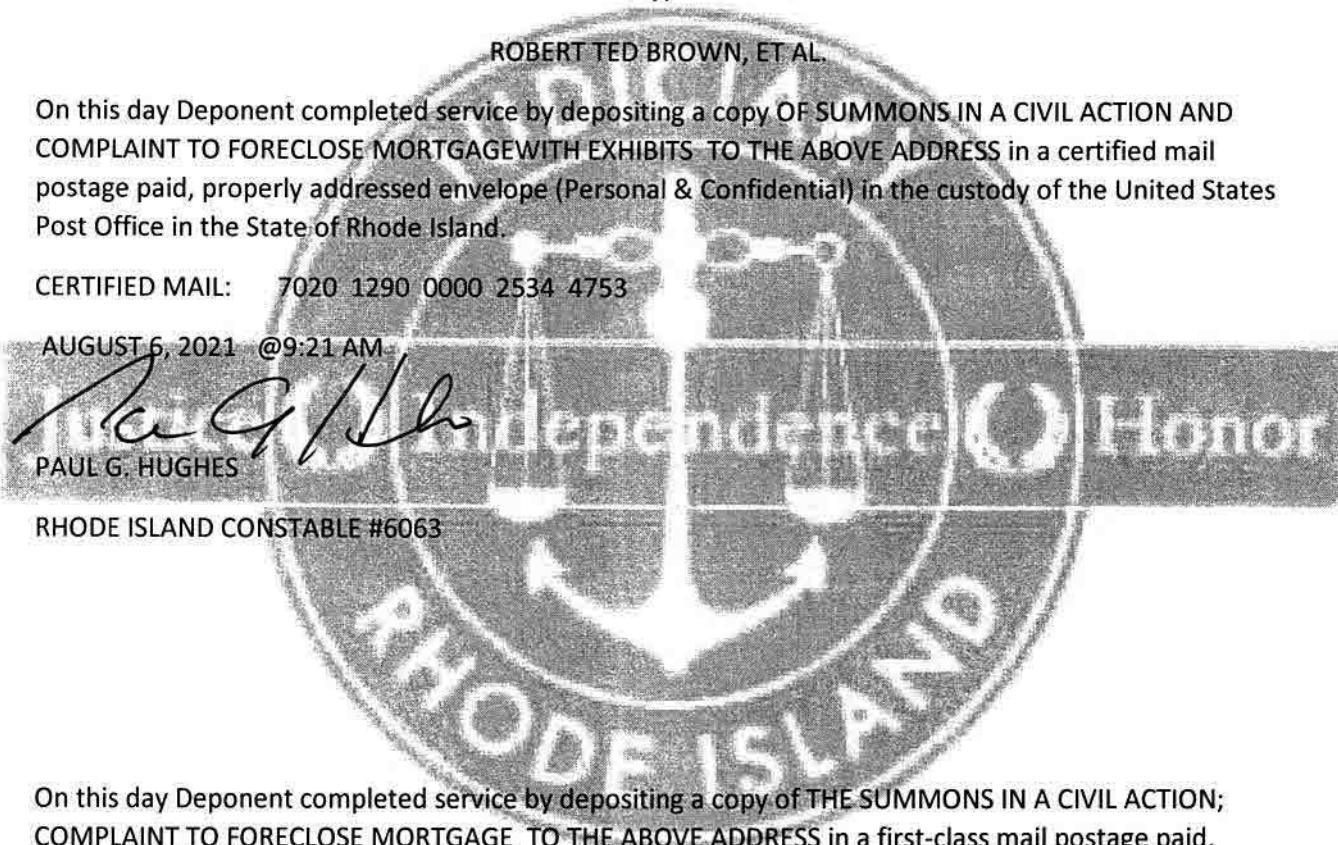
v.

ROBERT TED BROWN, ET AL.

On this day Deponent completed service by depositing a copy OF SUMMONS IN A CIVIL ACTION AND COMPLAINT TO FORECLOSE MORTGAGE WITH EXHIBITS TO THE ABOVE ADDRESS in a certified mail postage paid, properly addressed envelope (Personal & Confidential) in the custody of the United States Post Office in the State of Rhode Island.

CERTIFIED MAIL: 7020 1290 0000 2534 4753

AUGUST 6, 2021 @9:21 AM


PAUL G. HUGHES

RHODE ISLAND CONSTABLE #6063

On this day Deponent completed service by depositing a copy of THE SUMMONS IN A CIVIL ACTION; COMPLAINT TO FORECLOSE MORTGAGE TO THE ABOVE ADDRESS in a first-class mail postage paid, properly addressed envelope (Personal & Confidential) in the custody of the United States Post Office in the State of Rhode Island

AUGUST 6, 2021 @9:21AM


PAUL G. HUGHES

RHODE ISLAND CONSTABLE #6063

4753
47534
00000
1290
7020

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$3.00
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$3.00
Total Postage and Fees	\$19.45

0582
Postmark
Here
05/16/2021

Sent To:
TNS DEPT OF JUSTICE TARDI
Street and Apt. No., or P.O. Box No.
P.O. BOX 55 BEN FRANKLIN
City, State, ZIP+4
WASHINGTON, DC 20044

See Reverse for Instructions

PS Form 3800, April 2015 PSN 7530-02-000-9047

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

IRS
DEPT. OF JUSTICE
TAX DIVISION
P.O. BOX 55
BENJAMIN FRANKLIN STATION
WASHINGTON, DC 20044



9590 9402 2011 6123 0102 38

7020 1290 0000 2534 4753

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below:

Yes

No

AUG 12 REC'D

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail
- Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt